

CORRECTED  
14 NOV 2007

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MULTI-DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								10/522696	Patent and Trademark Registration and Appeals Office Washington, D.C. Telephone 202-707-8421				
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/	51	/	/	/	/	/	/
2	/	/	/	/	/	/	52	/	/	/	/	/	/
3	/	/	/	/	/	/	53	/	/	/	/	/	/
4	/	/	/	/	/	/	54	/	/	/	/	/	/
5	/	/	/	/	/	/	55	/	/	/	/	/	/
6	/	/	/	/	/	/	56	/	/	/	/	/	/
7	/	/	/	/	/	/	57	/	/	/	/	/	/
8	/	/	/	/	/	/	58	/	/	/	/	/	/
9	/	/	/	/	/	/	59	/	/	/	/	/	/
10	/	/	/	/	/	/	60	/	/	/	/	/	/
11	/	/	/	/	/	/	61	/	/	/	/	/	/
12	/	/	/	/	/	/	62	/	/	/	/	/	/
13	/	/	/	/	/	/	63	/	/	/	/	/	/
14	/	/	/	/	/	/	64	/	/	/	/	/	/
15	/	/	/	/	/	/	65	/	/	/	/	/	/
16	/	/	/	/	/	/	66	/	/	/	/	/	/
17	/	/	/	/	/	/	67	/	/	/	/	/	/
18	/	/	/	/	/	/	68	/	/	/	/	/	/
19	/	/	/	/	/	/	69	/	/	/	/	/	/
20	/	/	/	/	/	/	70	/	/	/	/	/	/
21	/	/	/	/	/	/	71	100	100	100	100	100	100
22	/	/	/	/	/	/	72	/	/	/	/	/	/
23	/	/	/	/	/	/	73	/	/	/	/	/	/
24	/	/	/	/	/	/	74	/	/	/	/	/	/
25	/	/	/	/	/	/	75	/	/	/	/	/	/
26	/	/	/	/	/	/	76	/	/	/	/	/	/
27	/	/	/	/	/	/	77	/	/	/	/	/	/
28	/	/	/	/	/	/	78	/	/	/	/	/	/
29	/	/	/	/	/	/	79	/	/	/	/	/	/
30	/	/	/	/	/	/	80	/	/	/	/	/	/
31	/	/	/	/	/	/	81	/	/	/	/	/	/
32	/	/	/	/	/	/	82	/	/	/	/	/	/
33	/	/	/	/	/	/	83	/	/	/	/	/	/
34	/	/	/	/	/	/	84	/	/	/	/	/	/
35	/	/	/	/	/	/	85	/	/	/	/	/	/
36	/	/	/	/	/	/	86	/	/	/	/	/	/
37	/	/	/	/	/	/	87	/	/	/	/	/	/
38	/	/	/	/	/	/	88	/	/	/	/	/	/
39	/	/	/	/	/	/	89	/	/	/	/	/	/
40	/	/	/	/	/	/	90	/	/	/	/	/	/
41	/	/	/	/	/	/	91	/	/	/	/	/	/
42	/	/	/	/	/	/	92	/	/	/	/	/	/
43	/	/	/	/	/	/	93	/	/	/	/	/	/
44	/	/	/	/	/	/	94	/	/	/	/	/	/
45	/	/	/	/	/	/	95	/	/	/	/	/	/
46	/	/	/	/	/	/	96	/	/	/	/	/	/
47	/	/	/	/	/	/	97	/	/	/	/	/	/
48	/	/	/	/	/	/	98	/	/	/	/	/	/
49	/	/	/	/	/	/	99	/	/	/	/	/	/
50	/	/	/	/	/	/	100	/	/	/	/	/	/
TOTAL IND.	6	6	6	6	6	6							
TOTAL DEP.	106	31	31	31	31	31							
TOTAL CLAIMS	112	37	37	37	37	37							

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522696

FILING DATE

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APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/		/		
102	/		/			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						